								Application or Docket Number						
	PATENT A	PPLICATIO Effect	RD	09/832396										
		CLAIMS AS	FILED - PART I (Column 1) (Column 2)			mn 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS							RA	RATE FEE		٦	RATE	FE	E	
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC	BASIC FEE 355.00		/OR	BASIC FEE	·710	00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			/2) minus 3 =		*		X4	X40=		1	X80=			
MULTIPLE DEPENDENT CLAIM P			RESENT							OR				
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2		+135=		OR OR	+270=			
CLAIMS AS AMENDED - PART II							TOT	TOTAL			TOTAL			
5	.27.04	_AIIVIS AS A (Column 1)	MIENDED	(Column 2) (Column 3)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RA	ΓΕ	ADDI ₇ TIONAL FEE		RATE	AD TIOI FE	NAL	
	Total	· <i>3</i> 0	Minus	**()($\overline{}$	= /-	X\$	9=		OR	X\$18=			
	Independent	· 73	Minus	***	3	=	X4)=		OR	X80=			
Ľ	FIRST PRESE	NTATIÓN OF M	JLTIPLE DEP	ENDEN	T CLAIM		+13			1	+270=			
								OTÁL		OR	TOTAL			
		(Column 1)		(Calu	mn 0\	(Column 2)	ADDIT.	FEE		OR	ADDIT. FEE			
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	٦		1		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RA [*]	ΓΕ	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL	
	Total	*	Minus	**		=	X\$	X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		= -	X4	X40=		OR)=		
	FIRST PRESE	VIATION OF M	JUNPLE DEP	ENDEN	CLAIM	<u> </u>	+13			OR	+270=			
							TO ADDIT.	FEE.		OR	TOTAL ADDIT. FEE		_	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										_				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA	RA ⁻	ΓE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
	Independent	*	Minus	***	-	<u> </u> =	X40)=		OR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	 5		1	1270-	 		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+270= TOTAL			
***	If the "Highest Nu	mber Previously F	aid For" IN THI	S SPACE	is less tha	an 3, enter "3."	" ADDIT.		L	JOR	ADDIT. FEE			
	The "Highest Num	iber Previously Pa	ud For" (Total or	Independ	dent) is the	e nighest numbe	er tound in t	ne ap	propriate b	ox in co	olumn 1.			